

HENDERSON HARBOR WATER SPORTS PROGRAMS

2025 REGISTRATION FORM ONE FORM PER PARTICIPANT IS REQUIRED

RETURN THIS FORM WITH YOUR DEPOSIT CHECK or MONEY ORDER of \$30 per course per session (week for STEM) TO:

HENDERSON HARBOR WATER SPORTS PROGRAMS ~
PO BOX 405 ~ HENDERSON HARBOR, NY 13651

YOUR SIGNATURE ON THIS THIS FORM ASSUMES YOU HAVE READ AND AGREE TO THE AGREEMENTS AND WAIVERS LISTED WITHIN AND POSTED ON THE WEBSITE

THIS FORM INCLUDES ALL REQUIRED FORMS FOR HHWSP
YOUTH RACING PARTICIPANTS WILL BE SENT FORMS REQUIRED BY THE INTERCLUB RACING ASSOCIATION

HHWSP RESERVES THE RIGHT TO MAKE THE FINAL DECISION ON CLASS ENROLLMENT AND LEVELS. OUR DECISIONS ARE BASED UPON DEMONSTRATED SKILLS AND CLASS STANDARDS AS RECOMMENDED BY US SAILING AND BOAT MANUFACTURERS.

Participant Name: _____
Date of Birth: _____ Height: _____ Weight _____

Primary Parent Name: _____
Cell phone _____ Email address: _____
Home Address: _____

Local Address: _____

Secondary Parent Name: _____
Cell phone _____ Email address: _____
Home Address: _____

EMERGENCY CONTACT INFORMATION/AUTHORIZED PICKUPS

HHWSP requires that all individuals picking up students be listed. Individuals picking up participants should be 18+ years of age and authorized to receive emergency calls or calls to pick up the participant in the case a parent cannot be reached.

Emergency Contact 1 Name: _____
Emergency Contact 1 Relationship: _____
Emergency Contact 1 Phone: _____

Emergency Contact 2 Name: _____
Emergency Contact 2 Relationship: _____
Emergency Contact 2 Phone: _____

My child has permission to ride a bike to and from HHWSP: Yes No
My child has permission to walk to and from HHWSP: Yes No

SAILING AND SWIMMING SESSIONS

Please indicate one or more Sessions:

Session 1: July 7-17 Session 2: July 21-31 Session 3: August 4-14

STEM - Kindergarten ages 5 - 9

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6

STEM - Kindergarten ages 10 - 14

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6

SWIMMING

Level 1 Level 2 Level 3

SAILING

SeaSquirts Seafarers Youth Sailing
Youth Racing Adult Sailing

Additional Information:

Has your child been in a Sailing or Swimming program before? Yes No
If yes, what type of boat(s) did they sail? _____

Are they comfortable swimming without a life jacket? Yes No

~~~~~

**T-Shirt Information:**

I would like to purchase a t-shirt(s) at \$20 each

Youth Medium\_\_\_\_ Youth Large\_\_\_\_ Adult Small\_\_\_\_ Adult Medium\_\_\_\_  
Adult Large\_\_\_\_ Adult XL\_\_\_\_

~~~~~

Volunteer Information:

Would you be willing to volunteer: Yes No

If yes, we will contact you about your volunteer interests.

~~~~~

**Need based Scholarship Application:**

Scholarship data is confidential and only available to the scholarship committee.

Applying for a scholarship: Yes  No

If yes, you will be contacted for more information.

**MEDICAL INFORMATION**  
Please check all that apply.

Please indicate any current medications:

None  Epipen  Inhaler  Diabetes medication  Allergy medication   
Other: \_\_\_\_\_

---

Please indicate any relevant and/or notable conditions or disabilities:

None  ADD  ADHD  Asthma  Anxiety  Autism spectrum   
Eyeglasses/contacts  Dyslexia  Epilepsy  Hearing aids   
Heart condition  Hemophilia  Hyperactivity  IBD   
Learning disability (describe below)  Migraines  Processing Issues   
 Seizures  Tourette Syndrome

Other or Additional: \_\_\_\_\_

---

---

Please indicate any allergies:

Amoxicillin  Bees  Cats/Dogs  Dairy  Egg  Gluten   
Ground nuts  Tree nuts  Penicillin  Seasonal  Shellfish  Sulfa

Please answer the following :

Blood Type: \_\_\_\_\_ unknown

Date of last Tetanus shot: \_\_\_\_\_ unknown

Have you received all standard childhood vaccines? Yes  No

**Insurance and Primary Care Provider Information:**

Name of Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Primary Care Physician Phone: \_\_\_\_\_

## WAIVERS AND AGREEMENTS

Please read the following waivers and agreements, found on the website, carefully. They include release of liability and waiver of legal rights, and deprive you of the ability to sue certain parties. By agreeing, you acknowledge that you have both read and understood all text presented to you as part of the registration process.

- I agree to the Emergency Medical Authorization for participants.
- I have read the Parent & Athlete Concussion Information Sheet.
- I agree to the 2025 Waiver of Liability and Indemnity Agreement.
- I agree to the Participation Agreement and Photo Release.
- I agree to the HHWSP Program Fee Refund Policy.
- I agree to the General Agreement and Waiver.
- I have read the 2025 Parent Handbook.

### SIGNATURE

By signing my name below, I acknowledge that I have read and agree to all the waivers and agreements that I have selected above.

**Participant(18 years of age or older)**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Legal Guardian of minor participant**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_